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**TO: Roy P. Issac - United States Patent and Trademark Office**

Fax No. 571-273-8300

Phone No.

**RECEIVED  
CENTRAL FAX CENTER****SEP 27 2006****FROM: Pam Lolli (Typed or printed name of person signing Certificate)**

Fax No. 513-626-1355

Phone No. 513-626-1673

Application No.: 10/814,759

Inventor(s): Donald Lynn Bissett et al.

Filed: March 31, 2004

Docket No.: 8482D

Confirmation No.: 7736

**FACSIMILE TRANSMITTAL SHEET AND****CERTIFICATE OF TRANSMISSION UNDER 37 C.F.R. §1.8**

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Pam Lolli (Signature)

Listed below are the item(s) being submitted with this Certificate of Transmission:\*\*

- 1) Fee Transmittal
- 2) Amendment – 10 pages
- 3)
- 4)
- 5)

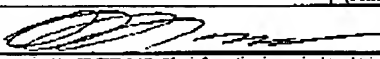
Number of Pages Including this Page: 12

**Comments:**

**\*\*Note:** Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

|   |                          |                            |  |
|---|--------------------------|----------------------------|--|
| <b>FEE TRANSMITTAL</b><br><b>for FY 2006</b><br>Patent fees are subject to annual revision.<br>Effective December 8, 2004 | <b>Complete if Known</b> |                            | <b>RECEIVED</b><br><b>CENTRAL FAX CENTER</b><br><b>SEP 27 2006</b> |
|   | Application Number       | 10/841,759                 |  |
|   | Confirmation Number      | 7736                       |  |
|   | Filing Date              | March 31, 2004             |  |
|   | First Named Inventor     | Donald Lynn Bissett et al. |  |
|   | Examiner Name            | Roy P. Issac               |  |
|   | Art Unit                 | 1623                       |  |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b> 0   |                          | Docket No.                 | 8482D  |

| <b>METHOD OF PAYMENT</b>   |                                    | <b>FEE CALCULATION (continued)</b>  |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
|--|------------------------------------|---|---|-----------------|----------|--|----------------------------------|--|----------------------------------|--|------------------------------------|--|---|--|------------------------------------|--------------------------------------|----------------------------------|---|----------------------------------|--|--|---------------------------|----------------------------------|------------------|---|--|----------------------------------|--|------------------------------------|---|------------------------------------|--------|--------------------------|
| 1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:<br>Deposit Account Number: 16-2480<br>Deposit Account Name: The Procter & Gamble Company  |                                    | 5. <b>ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Extension for reply within 1<sup>st</sup> month</td> <td>(\$120) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 2<sup>nd</sup> month</td> <td>(\$450) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 3<sup>rd</sup> month</td> <td>(\$1,020) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 4<sup>th</sup> month</td> <td>(\$1,590) <input type="checkbox"/></td> </tr> <tr> <td>Extension for reply within 5<sup>th</sup> month</td> <td>(\$2,160) <input type="checkbox"/></td> </tr> <tr> <td>Information Disclosure Statement fee</td> <td>(\$180) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet</td> <td>(\$50) <input type="checkbox"/></td> </tr> <tr> <td>Non-English specification</td> <td>(\$130) <input type="checkbox"/></td> </tr> <tr> <td>Notice of Appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Filing a brief in support of an appeal</td> <td>(\$500) <input type="checkbox"/></td> </tr> <tr> <td>Request for oral hearing</td> <td>(\$1,000) <input type="checkbox"/></td> </tr> <tr> <td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td> <td>(\$1,370) <input type="checkbox"/></td> </tr> <tr> <td>Other:</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> |   | Fee Description | Fee Paid | Extension for reply within 1 <sup>st</sup> month | (\$120) <input type="checkbox"/> | Extension for reply within 2 <sup>nd</sup> month | (\$450) <input type="checkbox"/> | Extension for reply within 3 <sup>rd</sup> month | (\$1,020) <input type="checkbox"/> | Extension for reply within 4 <sup>th</sup> month | (\$1,590) <input type="checkbox"/>        | Extension for reply within 5 <sup>th</sup> month | (\$2,160) <input type="checkbox"/> | Information Disclosure Statement fee | (\$180) <input type="checkbox"/> | 37 CFR 1.16(f) Late Oath/Declaration (nonprovisional) | (\$130) <input type="checkbox"/> | 37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet | (\$50) <input type="checkbox"/>          | Non-English specification | (\$130) <input type="checkbox"/> | Notice of Appeal | (\$500) <input type="checkbox"/>          | Filing a brief in support of an appeal | (\$500) <input type="checkbox"/> | Request for oral hearing                 | (\$1,000) <input type="checkbox"/> | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | (\$1,370) <input type="checkbox"/> | Other: | <input type="checkbox"/> |
| Fee Description  | Fee Paid                           |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Extension for reply within 1 <sup>st</sup> month   | (\$120) <input type="checkbox"/>   |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Extension for reply within 2 <sup>nd</sup> month   | (\$450) <input type="checkbox"/>   |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Extension for reply within 3 <sup>rd</sup> month   | (\$1,020) <input type="checkbox"/> |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Extension for reply within 4 <sup>th</sup> month   | (\$1,590) <input type="checkbox"/> |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Extension for reply within 5 <sup>th</sup> month   | (\$2,160) <input type="checkbox"/> |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Information Disclosure Statement fee   | (\$180) <input type="checkbox"/>   |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| 37 CFR 1.16(f) Late Oath/Declaration (nonprovisional)  | (\$130) <input type="checkbox"/>   |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| 37 CFR 1.17 (q) Surcharge - Late provisional filing fee or cover sheet   | (\$50) <input type="checkbox"/>    |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Non-English specification  | (\$130) <input type="checkbox"/>   |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Notice of Appeal   | (\$500) <input type="checkbox"/>   |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Filing a brief in support of an appeal   | (\$500) <input type="checkbox"/>   |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Request for oral hearing   | (\$1,000) <input type="checkbox"/> |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
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| Other:   | <input type="checkbox"/>           |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| <b>FEE CALCULATION</b><br>2. <b>BASIC FILING FEE - Large Entity</b><br><table border="1"> <thead> <tr> <th>FILING FEE</th> <th>SEARCH FEE</th> <th>EXAMINATION FEE</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Application Type</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Nonprovisional (\$300)</td> <td>(\$500)</td> <td>(\$200)</td> <td>(Total = \$1000) <input type="checkbox"/></td> </tr> <tr> <td>Utility</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Design (\$200)</td> <td>(\$100)</td> <td>(\$130)</td> <td>(Total = \$430) <input type="checkbox"/></td> </tr> <tr> <td>Reissue (\$300)</td> <td>(\$500)</td> <td>(\$600)</td> <td>(Total = \$1400) <input type="checkbox"/></td> </tr> <tr> <td>Provisional Utility filing fee</td> <td></td> <td>(Total = \$200) <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>   |                                    | FILING FEE  | SEARCH FEE                                | EXAMINATION FEE | Fee Paid | Application Type                                 |                                  |  |                                  | Nonprovisional (\$300)                           | (\$500)                            | (\$200)  | (Total = \$1000) <input type="checkbox"/> | Utility  |                                    |                                      |                                  | Design (\$200)  | (\$100)                          | (\$130)  | (Total = \$430) <input type="checkbox"/> | Reissue (\$300)           | (\$500)                          | (\$600)          | (Total = \$1400) <input type="checkbox"/> | Provisional Utility filing fee         |                                  | (Total = \$200) <input type="checkbox"/> |                                    |   |                                    |        |                          |
| FILING FEE   | SEARCH FEE                         | EXAMINATION FEE   | Fee Paid                                  |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Application Type   |                                    |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Nonprovisional (\$300)   | (\$500)                            | (\$200)   | (Total = \$1000) <input type="checkbox"/> |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Utility  |                                    |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Design (\$200)   | (\$100)                            | (\$130)   | (Total = \$430) <input type="checkbox"/>  |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Reissue (\$300)  | (\$500)                            | (\$600)   | (Total = \$1400) <input type="checkbox"/> |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Provisional Utility filing fee   |                                    | (Total = \$200) <input type="checkbox"/>  |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| 3. <b>APPLICATION SIZE FEE:</b><br>Sheets of Spec and Drawings <input type="checkbox"/><br>(\$250 for each 50 sheets in excess of 100, except for sequence and program listings)<br>SUBTOTAL (2)+(3) (\$0)   |                                    |   |   |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| 4. <b>EXTRA CLAIM FEES FOR UTILITY AND REISSUE:</b><br><table border="1"> <thead> <tr> <th></th> <th>Extra Claims</th> <th>Fee from Below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims [15] - 20** = [0] x</td> <td></td> <td>[50] =</td> <td>[0]</td> </tr> <tr> <td>Independent Claims [1] - 3** = [0] x</td> <td></td> <td>[200] =</td> <td>[0]</td> </tr> <tr> <td>Multiple Dependent claims:</td> <td></td> <td>[360] =</td> <td>[0]</td> </tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below<br><b>Fee Description</b><br>Claims in excess of 20 (\$50 per claim)<br>Independent claims in excess of 3 (\$200 per claim)<br>Multiple dependent claim, if not paid (\$360)<br>**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)<br>**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)<br>SUBTOTAL (4) (\$0) |                                    |   | Extra Claims                              | Fee from Below  | Fee Paid | Total Claims [15] - 20** = [0] x                 |                                  | [50] =   | [0]                              | Independent Claims [1] - 3** = [0] x             |                                    | [200] =  | [0]                                       | Multiple Dependent claims:                       |                                    | [360] =                              | [0]                              | SUBTOTAL (5) (\$0)                                    |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
|  | Extra Claims                       | Fee from Below  | Fee Paid                                  |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Total Claims [15] - 20** = [0] x   |                                    | [50] =  | [0]                                       |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Independent Claims [1] - 3** = [0] x   |                                    | [200] =   | [0]                                       |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |
| Multiple Dependent claims:   |                                    | [360] =   | [0]                                       |                 |          |  |                                  |  |                                  |  |                                    |  |   |  |                                    |                                      |                                  |   |                                  |  |  |                           |                                  |                  |   |  |                                  |  |                                    |   |                                    |        |                          |

|                     |   |                                   |                |
|---------------------|---|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |   | <b>Complete (if applicable)</b>   |                |
| Name (Print/Type)   | Juliet A. Jones   | Registration No. (Attorney/Agent) | 54,202         |
| Signature           |  | Telephone                         | (513) 626-2127 |
|                     |   | Date                              | 9/27/06        |

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual cases. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Fee Transmittal doc (Revised for P&G use 04/25/2006)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED  
CENTRAL FAX CENTER

SEP 27 2006

Application No. : 10/814,759  
Inventor(s) : Bissett et al.  
Filed : March 31, 2004  
Art Unit : 1623  
Examiner : Roy P. Issac  
Docket No. : 8482D  
Confirmation No. : 7736  
Customer No. : 27752  
Title : Skin Care Composition Containing a Sugar Amine

AMENDMENT AFTER 1<sup>ST</sup> OFFICE ACTION UNDER 37 CFR §1.111(c)

Mail Stop Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

## INTRODUCTORY REMARKS

In response to the Office Action of July 3, 2006, please amend the above-identified application as follows and reconsider the application.

Please amend the above-identified application as follows:

*Amendments to the Claims* begin on page 2 of this paper.

*Remarks* begin on page 5 of this paper.